

**Premium Finance Application****Application Guidelines**

Section 1

Page 1 of 1

# Attention Applicants

**This Department will only accept:**

- **Current** application documents
  - **Legibly** completed forms
  - **Complete** application packets
- Refer to the **instructions & checklist** provided

**Make all checks payable to:**

**“Arizona Department of Financial Institutions”**  
and

**Mail** the entire completed application packet all together to:

**Arizona Department of Financial Institutions**

**Licensing Division**

**2910 North 44<sup>th</sup> Street, Suite 310**

**Phoenix, AZ 85018**

**Make Copies of Your Entire Application Package Before Submission:**

- The Department cannot make copies for you.  
and
- If there are questions during the processing of your application, you will have the information available for reference.



# Premium Finance Application

## Instructions

Section 2

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Application instructions for license under Arizona Revised Statutes 6–1401 *et Seq.*

Please read the following carefully before you complete the enclosed documents.

The enclosed application package is to be used by all applicants: individuals, partnerships, corporations or business trusts. Until the Superintendent of Financial Institutions has issued the license to you, you cannot conduct the activity of a Premium Finance as defined in Arizona Revised Statutes 6–1401.

**To Submit an Application** to the Superintendent of Financial Institutions you *must* have the following completed with the appropriate agencies and a copy of the approved documents attached to your application.

**Application Name:** The application name must be identical on all forms (e.g., articles, application, trade name certificate, etc.) Identical means spaces, periods, comma's, etc. (e.g., "Company Name, L.L.C." would not be the same as "Co. Name LLC"). Failure to submit the required documents will delay the processing of your application while these items are being amended.

Arizona State Corporation Commission 1300 W. Washington St., Phoenix, AZ 85007 Telephone (602) 542-3135 or <a href="http://www.cc.state.az.us">www.cc.state.az.us</a>	Arizona Secretary of State 1700 W. Washington St., Phoenix, AZ 85007 Telephone (602) 542-6187 or <a href="http://www.azsos.gov">www.azsos.gov</a>
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**If you wish to apply as a Corporation, contact the Arizona State Corporation Commission.** You *must* submit an approved copy of your articles of incorporation and any amendments thereto with your application.

**If you wish to apply as a Foreign Corporation, contact the Arizona State Corporation Commission.** If your corporation has been incorporated in a state other than Arizona, the corporation must be authorized to conduct business in this state. You *must* submit a copy of the approved application for authority and a copy of your Articles of Incorporation from the state for which you are incorporated.

**If you wish to apply as a Limited Liability Company, contact the Arizona State Corporation Commission.** They will assist you in either forming under Arizona law or applying for registration to transact business in Arizona as a foreign limited liability company. You *must* submit an approved copy of the articles of organization (for domestic companies) or a copy of the approved registration (for foreign companies) with your application.

**If you wish to apply as a Partnership, contact the Arizona Secretary of State.** Limited Partnerships or Foreign Limited Partnerships *must* provide an approved copy of your partnership agreement.

**If you wish to apply as a Sole Proprietorship / Individual, contact the Arizona Secretary of State.** You *must* use your own name when filing as an individual, otherwise you must register your DBA or trade name. See **DBA/Trade Name** below.

**If you wish to apply as a DBA/Trade Name, contact the Arizona Secretary of State.** To do business under a "DBA" or a "trade name", you must register your DBA or trade name. You *must* submit an approved copy of your certificate of trade name registration with your application. You are allowed to do business in Arizona under one name only.

**Do not forward your application to this Department until you have received your approved documents from the Arizona State Corporation Commission and/or the Arizona Secretary of State.**

**Application:** To apply for licensing, complete all enclosed forms. Do not leave any questions unanswered. If a question does not apply to you or if, the answer to the question is 'none', so state on the application. Information cannot be copied from other documents that you may have submitted previously. We do not accept applications that are not completely filled out. Make photocopies of the completed forms for your records. This department will not provide them for you. Be sure to review the "Check List" provided.



# Premium Finance Application

## Instructions

Section 2

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**Process Time:** The time it takes to process an application is dependent on the completeness and accuracy of the forms submitted. If the submitted forms are not properly completed, they will be returned to you. This may result in a substantial delay. Be sure to review the "Check List" provided. In the event, your application is returned to you, or if the licensing section requests additional information, your prompt response will help reduce the processing time. If you fail to provide the necessary information needed to make our decision within the statutory required time frame, your license application will be withdrawn and you will have to reapply.

**The licensing year is January 1 through December 31.** If a license is issued to you on or prior to December 31, you must renew. It would benefit you to consider this when making initial application. You may choose to delay the issuance of the license until January 1 if you submit your application no more than forty-five (45) days prior to the new licensing year and your written request of postponement accompanies your application.

**Financials:** A current financial statement that has been prepared in accordance with GAAP must accompany this application. This must include a statement of operations and retained earnings and a statement of changes in financial position. It must also include notes to the financial statement, if applicable. If this statement was prepared more than 3 months prior to the date this application is filed, a balance sheet prepared within the previous 3 months which has been certified by the applicant must be provided.

**Personal History Statement (PH) and Fingerprint Card (FP):** If the applicant is an individual, he/she must complete both the PH and FP documents. If the applicant is a corporation a PH and FP must be completed by each of the (5) highest corporate officers. In the event, the corporation has only one officer, then any manager(s), director(s) or anyone in a managerial/responsible position should also complete a PH and FP. Each member of a Limited Liability Company and all partners in a partnership must complete the PH and FP. Again, do not leave any questions unanswered. Fingerprints must be done by a law enforcement agency. Prior to submitting a completed application, you will need to contact this department for the appropriate number of fingerprint cards. The Personal History Statements and Fingerprint Cards must be submitted to this department as part of the original application package. Our fingerprint cards must be used. Review Fingerprint Card Instructions sheet enclosed. The FBI will reject incorrect card processing and retakes will be required.

**Verification of licenses issued by other states:** If applicant holds like or similar licenses from other states, you will need to provide the Department with copies of these licenses with your application. If you are licensed in more than five (5) states, only provide the Department with copies from five (5) states. Example: If you are licensed in 30 states as a premium finance company then you would only send us copies of current licenses from (5) states.

**Fees:** You must provide one check for the prorated license fee and one check for the fingerprint processing fee(s). The non-refundable three hundred dollar (\$300) license fee if filed January through June or one hundred and fifty dollar (\$150) license fee if filed July through December and the twenty nine dollar (\$29.00) fingerprint processing fee for each fingerprint card, must be submitted together with the completed application forms.

## • Licensee Information

**Annual Report:** See A.R.S. § 6-1408. Each licensee shall annually, on or before February 1, file a report for the preceding calendar year with the superintendent.

**Renewal:** It is suggested that in order to ensure timely renewal of your license(s) you should establish an internal procedure which guarantees that your renewal fee payment is received by this department no later than December 31. It is the licensee's responsibility to make sure that they receive their renewal forms, which are sent out 4 to 6 weeks prior to December 31.

**Changes to Your License:** Business name, address, phone number, officers, or a change of control. If any of these items change after you have received your license, you must report the change, in writing, to the Department immediately.



# Premium Finance Application

## Statutes and Rules

Section 3

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A license granted by this Department entitles you to engage in that particular business for which the license is issued.

Be advised, however, that adherence to and compliance with all applicable Statutes and Rules is your responsibility.

Statutes and Rules may be found on the Department's website at [www.azdfi.gov](http://www.azdfi.gov). They may also be obtained at the Main Public Library located at 1221 North Central Ave., Phoenix, or your attorney. Statutes and Rules may be purchased from the Secretary of State at (602) 542-4086 or [www.azsos.gov](http://www.azsos.gov).

All fees charged are authorized, pursuant to, A.R.S. Section 6-126.

License Type	Statutes and Rules	Maximum License Issuance Time in Days
Advance Fee Loan Brokers	A.R.S. Section 6-1301 through 6-1310	60
Collection Agencies	A.R.S. Section 32-1001 through 32-1057 Rules R20-4-1501 through R20-4-1530	45
Commercial Mortgage Bankers	A.R.S. Section 6-971 through 6-985 Rules R20-4-1901 through R20-4-1911	120
Consumer Lender	A.R.S. Section 6-601 through 6-675 Rules R20-4-501 through R20-4-536	120
Debt Management	A.R.S. Section 6-701 through 6-716 Rules R20-4-601 through R20-4-620	60
Deferred Presentment	A.R.S. Section 6-1251 through 6-1263	120
Escrow Agents	A.R.S. Section 6-801 through 6-847 Rules R20-4-701 through R20-4-706	120
Money Transmitters	A.R.S. Section 6-1201 through 6-1219	120
Mortgage Brokers	A.R.S. Section 6-901 through 6-910 Rules R20-4-901 through R20-4-926	120
Mortgage Bankers	A.R.S. Section 6-941 through 6-948 Rules R20-4-1801 through R20-4-1812	120
Motor Vehicle Time Sales Disclosure Act	A.R.S. Section 44-281 through 44-295	45
Premium Finance Companies	A.R.S. Section 6-1401 through 6-1419	120
Trust Companies	A.R.S. Section 6-851 through 6-867 Rules R20-4-801 through R20-4-816	150



# Premium Finance Application

## Check List

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- ☐ One check for the license fee Jan/June \$300 or July/Dec \$150  
☐ And one check for the total number of fingerprint cards  
 \$29.00 fee per fingerprint card (# of cards \_\_\_\_\_ x fee = \$ \_\_\_\_\_)  
☐ Application (signed and notarized)  
☐ Surrender Agreement (signed and notarized)  
☐ W-9 Form/Request for Taxpayer Identification  
☐ Current Financial Statement ☐ Personal Or ☐ Corporate  
☐ Liquid Assets Readily Available In Business ☐ \$25,000

• **The following items if applicable**

- ☐ Articles of Incorporation (approved copy) ☐ Amendments (approved copy)  
☐ Articles of Organization (approved copy) ☐ Amendments (approved copy)  
☐ Partnership Agreement (approved copy)  
☐ Foreign Authority (approved copy)  
☐ Certificate of Good Standing  
☐ Trade Name Certificate (approved copy)  
☐ **Current** Financial Statement on Parent Company  
☐ Enclose Copies of Licenses Held in Other States (up to 5)

• **For each of the top 5 officers**

- ☐ Personal History Statements (signed and notarized in both locations)  
☐ Driver License copies  
☐ Fingerprint Cards (top portion identification data must be completed)  
☐ Letter of explanation for derogatory credit and/or criminal history issues

• **Did you remember to:**

- ☐ Answer all questions on all forms or complete with "None" or "N/A"  
☐ Sign and notarize all documents where applicable  
☐ Make copies of the completed application packet for your records  
☐ Legibly print or type all information on all documents  
☐ Include all documents required before submitting application packet  
☐ Make checks payable to: Arizona Department of Financial Institutions

Fingerprints must be done by a Law Enforcement Department.  
See Arizona Administrative Code R20-4-103.

See Application Instructions under “Personal History Statement & Fingerprint Card” for fingerprint instructions; then order your fingerprint cards from our Department. To request fingerprint cards, go to the Licensing page of our website [azdfi.gov](http://azdfi.gov) or fax us your request at (602) 381-1225.

Fingerprint cards are forwarded to the Arizona Department of Public Safety for processing by the Federal Bureau of Investigation. The FBI sets the following rules for the submission of fingerprint cards:

### One Card Per Person

- **ORI Field on fingerprint card must have Phoenix, AZ information or be blank.** It cannot have another State’s information in that field. Do not use white out material.
- **Do not use a highlighter on the fingerprint card.** The FBI’s scanners cannot record the information if card contains highlighter.
- **Do not overlap the borders of the block in which you enter information.** The scanners cannot read information that overlaps the block.
- **Do not use whiteout on the fingerprint card.** If information on the card needs to be changed, you may use a white address label affixed within the blue borders of the block.
- **Do not overlap any information into the actual fingerprint area.**
- **Do not enter any information in the block entitled “Employer and Address”.** The Department will enter this information.
- **Do not enter any information in the block entitled “Reason Fingerprinted”.** The Department will enter this information.
- **Do not alter any preprinted information on the fingerprint card.**

Failure to adhere to these guidelines may result in the fingerprint card being returned and a new card required to be submitted.

Fingerprint fees must be on a separate check if other fees are being enclosed.

Make check payable to: **Arizona Department of Financial Institutions**



# Premium Finance Application

## Fingerprint Card Instructions

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### Note

You may use any fingerprint card that is identical to the one show below, as long as there is no preprinted information on the card. All fields must be blank unless received from the Arizona Department of Financial Institutions.

Do not write in any field marked "Leave Blank". Complete all remaining identifying information fields. If there are fields that do not apply, enter N/A.

Review fingerprint card instructions above.

<b>APPLICANT</b>		LEAVE BLANK //Leave Blank//		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME <u>NAM</u> FIRST NAME MIDDLE NAME		FBI LEAVE BLANK //Leave Blank//	
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		OR //Leave Blank//		DATE OF BIRTH <u>DOB</u> Month Day Year	
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CTZ</u>		SEX <u>SEX</u> RACE <u>RAC</u> HGT <u>HGT</u> WGT <u>WGT</u> EYES <u>EYES</u> HAIR <u>HAIR</u>		PLACE OF BIRTH <u>POB</u>	
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	FOUR NO. <u>OCA</u> //Leave Blank//		LEAVE BLANK //Leave Blank//			
EMPLOYER AND ADDRESS //Leave Blank//		FBI NO. <u>FBI</u>		CLASS			
REASON FINGERPRINTED //Leave Blank//		ARMED FORCES NO. <u>MNU</u>		REF			
		SOCIAL SECURITY NO. <u>SOC</u>					
		MISCELLANEOUS NO. <u>MNU</u> //Leave Blank//					

  

1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE		
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE		
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY					1. THUMB		2. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

Sample



# Premium Finance Application

## Application

Section 6

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Type or print all information. Do not leave blanks. If not applicable, use None or N/A.  
Make additional copies of any page or attach a separate sheet if addition space is necessary.

Filling Status (check one):

Tax ID# \_\_\_\_\_

☐ Corporation ☐ Limited Liability Company ☐ Partnership ☐ Individual ☐ Business Trust ☐ Other

To The Superintendent Of Financial Institutions

Application is hereby made for a license to engage in and carry on the business of a Premium Finance Company, pursuant to the provisions of Title 6, Chapter 14, Arizona Revised Statutes.

1. Applicant Name: \_\_\_\_\_

2. DBA: (If Applicable) \_\_\_\_\_

3. \_\_\_\_\_  
Street Address where business will be conducted (City) (State) (Zip)

( ) - ( ) - ( ) -  
Telephone No. Fax No. Toll Free No.

Business: Web Page Address and E-mail Address

4. \_\_\_\_\_  
Mailing address if different from number 3 above.

( ) - ( ) - ( ) -  
Telephone No. Fax No. Toll Free No.

5. \_\_\_\_\_  
Address (street, city, state & zip) of corporate office if different from number 3 Above.

( ) - ( ) - ( ) -  
Telephone No. Fax No. Toll Free No.

6. \_\_\_\_\_  
Name, address and telephone number of parent company, if applicable.

( ) - ( ) - ( ) -  
Telephone No. Fax No. Toll Free No.

7. If applicable: a. State Incorporated \_\_\_\_\_ and date \_\_\_\_/\_\_\_\_/\_\_\_\_  
b. Date of foreign authorization to conduct business in Arizona \_\_\_\_/\_\_\_\_/\_\_\_\_

8. Show ownership interests must equal 100%, shareholders and applicable number of shares if a corporation or partners if a partnership, members if a limited liability company. Express ownership as a percentage.

a. Name of Owner Percent Name of Owner Percent


b. Show other Arizona business interests of the persons named above and the capacity of the interest (e.g. owner, officer etc.).





# Premium Finance Application

## Application

Section 6

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9. \_\_\_\_\_  
 Name of Overseer or Operations Manager (who is to have responsibility for the business under this license)
- \_\_\_\_\_ (\_\_\_\_\_) -  
*Business Address City State Zip Telephone*
10. \_\_\_\_\_  
 Name and complete address of Statutory Agent
11. Complete the following for the applicant thereof if an individual, for each of the principal officers and directors thereof if a corporation, trustees thereof if a business trust, partners thereof if a partnership, managing agent and any other persons having an interest therein, state the number of years engaged in the premium finance business.
- a. \_\_\_\_\_  
 Capacity/Title Name Years in Business
- \_\_\_\_\_ Business Address Telephone
- b. \_\_\_\_\_  
 Capacity/Title Name Years in Business
- \_\_\_\_\_ Business Address Telephone
- c. \_\_\_\_\_  
 Capacity/Title Name Years in Business
- \_\_\_\_\_ Business Address Telephone
- d. \_\_\_\_\_  
 Capacity/Title Name Years in Business
- \_\_\_\_\_ Business Address Telephone
- e. \_\_\_\_\_  
 Capacity/Title Name Years in Business
- \_\_\_\_\_ Business Address Telephone
12. List four business references of the applicant.
- a. \_\_\_\_\_  
 Name Type of Business Years Known
- \_\_\_\_\_ Business Address Telephone
- b. \_\_\_\_\_  
 Name Type of Business Years Known
- \_\_\_\_\_ Business Address Telephone
- c. \_\_\_\_\_  
 Name Type of Business Years Known
- \_\_\_\_\_ Business Address Telephone
- d. \_\_\_\_\_  
 Name Type of Business Years Known



# Premium Finance Application

## Application

Section 6

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Business Address

Telephone

13. Has applicant or any officer, director, trustee, partner or member;

- a. been convicted in any state of a felony or any crime of breach of trust or dishonesty? ☐ Yes ☐ No
- b. had a final judgment issued against him/her in a civil action on grounds of fraud, misrepresentation or deceit? ☐ Yes ☐ No
- c. had an order entered against him/her by any administrative agency of this state, the federal government, or any other state or territory of the United States involving involving fraud, misrepresentation or deceit? ☐ Yes ☐ No
- d. been indicted or informed against for forgery, embezzlement, obtaining money under false pretenses, extortion, criminal conspiracy to defraud or like offenses? ☐ Yes ☐ No

If you answered yes for any of the aforementioned (13 a, b, c or d)  
please furnish complete details on separate sheet of paper

14. List all occupational or professional licenses the applicant, any officer, director, trustee, member or partner holds or has held, which have been issued, refused, denied, revoked or suspended of any state or the federal government.

Type of License	Name of License	Name/Address Lic. Agency.	Issue Date	Type of Action	Date Action	Exp Date

## AFFIDAVIT

STATE OF \_\_\_\_\_ ) Ss.

COUNTY OF \_\_\_\_\_

I (Print your name) \_\_\_\_\_ being duly sworn, depose and say that I have signed the foregoing application as (print official capacity) \_\_\_\_\_ of the above named applicant, having full authority to sign such application in said capacity; that I have read said application and that the information contained therein is true.

(Date)

(Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

My commission expires: \_\_\_\_\_

(Notary Public)



# Premium Finance Application

## License Surrender Agreement

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Licenses may be issued before the completion of the investigation process of your application. This is due to the delay in obtaining certain verification of information provided to the Department in your application package. Please read, sign and notarize this form and return with the application package.

I have read and completely understand the conditions relating to issuance of this license and agree to surrender upon demand the license issued by the Department of Financial Institutions of Arizona, if any negative or derogatory information of any type is discovered during the investigation of the license application. If asked to surrender the license, I will do so immediately and cease conducting the business activity relating to the license.

*Accepted*

\_\_\_\_\_  
(Name of Company)

By: \_\_\_\_\_ (print) \_\_\_\_\_  
(Signature of Principal Officer) (Name of Principal Signer)

Date: \_\_\_\_\_ (print) \_\_\_\_\_  
(Title of Principal Signer)

### Notarization of Signature

State of \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

Subscribed and Sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_  
year of \_\_\_\_\_ at \_\_\_\_\_  
(City and State)

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_

## Personal History Statement

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# Premium Finance Application

## Personal History Statement

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**C. EMPLOYMENT:** (Show every employment you have had and all periods of employment for the past ten (10) years in chronological order with the most recent first. You Must Include Complete Addresses)

Date From / To	Name and Complete Address of Employer (include street, city, and zip) Resumes or Personal References – Are Not Accepted As Employment Verification	Position/ Title	Supervisor	Reason for Leaving

1. Did any of the above employment's require a security clearance? ☐ Yes ☐ No

2. Have you ever been refused Bond? ☐ Yes ☐ No

**If the answer is "Yes", to either of the above explain in "Remarks" Section "T" page 3.**

**D. MEMBERSHIP:** (in past and/or present organizations, show all memberships you have had for the past ten (10) years.)

Name of Organization	Type	Date From / To

**E. EDUCATION:** (Account for all schools attended other than primary grades K-8)

Dates From / To	Name and Location of School	Degree



# Premium Finance Application

## Personal History Statement

Section 8

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**F. FAMILY:** (Identify all family members, including children and siblings)

Relationship	Name	Current Address
Father:		
Mother:		
Spouse: (First and Maiden Name)		
Children/Brothers/Sisters:		

**G. RESIDENCES:** (Show all residences for the past ten (10) years in chronological order with the most recent first)

Date From / To	Street and Number and City	State and Zip

**H. ATTACHMENTS:**

1. Have you attached a legible copy of your drivers' license? ☐ Yes ☐ No
2. Have you attached your completed (according to the fingerprint card instructions) fingerprint card? ☐ Yes ☐ No
3. A letter of explanation and resolve of any past or current derogatory credit or criminal issues? ☐ Yes ☐ No ☐ N/A

If No, why not? \_\_\_\_\_

**I. REMARKS:** (Furnish complete details attach additional sheets if necessary)

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# Premium Finance Application

## Personal History Statement

Section 8

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**Read, sign & notarize both top & bottom portion of this document**

## Affidavit

STATE OF \_\_\_\_\_ )ss

COUNTY OF \_\_\_\_\_

I certify that the above entries made by me are true, complete, and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

### Notarization of Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
My commission expires:

\_\_\_\_\_  
(Notary Public)

## Affidavit (part 2)

STATE OF \_\_\_\_\_ )ss

COUNTY OF \_\_\_\_\_

I, (Print Your Name) \_\_\_\_\_ in connection with  
(Print Company Name) \_\_\_\_\_ and pursuant  
to the provisions of the Arizona Revised Statutes, hereby authorize the Superintendent of Financial Institutions,  
the Attorney General of Arizona and their agents, to examine or receive a copy of any record maintained by the  
United States Armed Forces, or any Governmental Body, or any University, College or Board of Education of any  
state, or any bank or credit agency, relating to me, in the same manner and to the same extent as if I personally  
applied for the same, and I hereby authorize such records be disclosed or furnished in accordance with any request  
made by or on behalf of the Superintendent of Financial Institutions, the Attorney General of Arizona or their  
agents.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

### Notarization of Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
My commission expires:

\_\_\_\_\_  
(Notary Public)



# Premium Finance Application

## Personal Financial Statement

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Do not use for business statement

Legibly print or type all information

There must be an answer provided for each question. Therefore, if not applicable use "None" or "N/A"

Schedule's, details and descriptions must be completed in space provided and by attachments if necessary.

Total Assets must equal Total Liabilities and Net Worth

Describe any unusual assets or liabilities

Name \_\_\_\_\_ Financial Condition As Of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mo/day/yr)

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Occupation \_\_\_\_\_

Customer at what financial institution \_\_\_\_\_ (office)

Assets	Amount	Liabilities	Amount
Cash in Bank		Notes Payable to Bank	
Cash in other Banks (detail)		Notes payable to Other Banks (detail)	
Ordinary Accounts receivable - Good		Ordinary Accounts Payable	
Due from Friends and Relatives (describe)		Due to Friends & Relatives (describe)	
Notes Receivable - Good (Sched 1)		Notes Payable to Others (describe)	
Mortgages Owned (Sched 1)		Automobile Loans or Leases	
Readily Marketable Securities (Sched 4)			
Other Securities (Sched 4)		Due to Brokers	
Cash Surrender Value of Life Insurance (Sched 5)		Loans on Life Insurance (Sched 5)	
Real Estate & Buildings (Sched 2)		Mortgages or Liens on Real Estate (Sched 3)	
Automobiles		Installment Loans	
Personal Property		Income Taxes Payable	
Other Assets (describe)		Other Taxes Payable	
		Other Liabilities (describe)	
		Credit Cards	
<b>Total Assets</b>		<b>Total Liabilities</b>	
		<b>Net Worth (Assets Minus Liabilities)</b>	
		<b>Total Liabilities and Net Worth</b>	

### Approximate Annual Income and Expense

(exclusive of ordinary living expenses)

Income	Amount	Fixed Expenses	Amount
Salary From _____		Insurance Premiums	
Income from Securities		Rent or Mortgage Payments	
Real Estate Rental		Income Taxes (for year _____)	
Net Income form Business or Profession		Other Taxes	
Other (Alimony, child support or separate maint.)		Other (Include alimony, child support or	
		separate maintenance payments if you are	
		obligated to make them.	
<b>Total Income</b>		<b>Total</b>	

- Are the above evaluations on receivable conservative? ☐ Yes ☐ No (If no, explain by separate letter)
- Are any assets pledged or debts secured except as indicated? ☐ Yes ☐ No (If yes, itemize by debt and security)
- Do you have any contingent liabilities for guarantees, endorsements or otherwise? ☐ Yes ☐ No (If yes, explain)
- Do you do business with any other bank? ☐ Yes ☐ No (If yes, nature of business)





# Premium Finance Application

## Personal Financial Statement

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5. If you are married are any of the above assets your spouse's separate property? ☐ Yes ☐ No (If yes, itemize)
6. Are there any suits, judgments, tax deficiencies or other claims pending or in prospect against you? ☐ Yes ☐ No (If yes, explain by separate letter)
7. Have you ever gone through bankruptcy or compromised a debt? ☐ Yes ☐ No (If yes, explain by separate letter)
8. Have you made a will? ☐ Yes ☐ No Who is named executor of estate? \_\_\_\_\_

### Complete the following schedules

#### Schedule 1 - Notes and Mortgages Owned

Describe here or on separate sheet any important or unusual receivables.

Name Of Debtor	Amount Due	How Payable	Remarks (Include description & value of any security)

#### Schedule 2 - Real Estate and Buildings

Provide details of encumbrances on Schedule 3 opposite proper parcel number.

Parcel	Location & Description (Include improvements)	Monthly Income	Title In Name Of	Value On Land	Improvements	Encumbrances Amount	Fire Ins. Amount
No. #1							
No. #2							
No. #3							
No. #4							
No. #5							

What is the basis for the above valuations? (State whether cost, fair market value today or other basis) \_\_\_\_\_

Are there any properties held on joint tenancy? ☐ Yes ☐ No Parcel numbers \_\_\_\_\_

#### Schedule 3 - Real Estate Encumbrances

Parcel	Amt. Owning Per Sched 2	Nature Of Encumbrance And To Whom Payable	Interest Rate	Due Date	Payment Amount	*Are Interest & Principal Current.
No. #1						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #2						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #3						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #4						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #5						Yes <input type="checkbox"/> No <input type="checkbox"/>

\*If any payments of principal or interest are delinquent provide details. \_\_\_\_\_

Are any taxes delinquent? ☐ Yes ☐ No (If yes, give amount and details) \_\_\_\_\_

Are there any unrecorded deeds, liens or other claims not shown above? \_\_\_\_\_



# Premium Finance Application

## Personal Financial Statement

Section 9

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### Schedule 4 - Securities Owned

Attach separate schedule sheet if needed.

Stock - Shares, Bond Amounts	Description	Value Carried On This Statement	Current Market On Listed Amount		Estimated Value on Unlisted		
			@	Amount	@	Amount	Ann. Div

In whose name are the above securities held? \_\_\_\_\_

If in names of yourself and co-owner, are they joint tenancy? \_\_\_\_\_

### Schedule 5 - Insurance

Public liability on autos \$ \_\_\_\_\_ Property Damage on Autos \$ \_\_\_\_\_

#### Life Insurance

Beneficiary	Amount Of Policy	Cash Value	Amount Of Liens	Net Cash Value
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

**I certify that the above information provided by me is true,  
complete and correct to the best of my knowledge and belief.**

---

**Date**


---

**Signature**



# Premium Finance Application

## Corporate Financial Statement

Section 10

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Name of Corporation: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Financial Conditions At Close Of Business On \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MO/DAY/YEAR)

ASSETS		LIABILITIES	
Cash on Hand and in Bank	\$ _____	Accounts Payable - Not Due	\$ _____
Accounts Rec. Customers - Current	\$ _____	Accounts Payable - Past Due	\$ _____
Accounts Rec. Customers - Past Due	\$ _____	Notes Payable	\$ _____
Total Accounts Receivable	\$ _____	Notes Payable Other Banks	\$ _____
Less: Reserve Doubtful Accts.	\$ _____ \$ _____	Notes or Trade Acceptances Payable for Mdse.	\$ _____
Notes Receivable - Customers	\$ _____	Other Notes Payable	\$ _____
Less: Reserve Doubtful Notes	\$ _____ \$ _____	Portion of Equipment Contracts and Chattel	
Trade Acceptances Receivable	\$ _____	Mortgages Due Within One Year	\$ _____
Merchandise - Finished	\$ _____	Due Officers and Stockholders (Sched 2)	\$ _____
Merchandise - In Process	\$ _____	Due Controlled or Affiliated Concerns (Sched 6)	\$ _____
Merchandise - Raw Materials	\$ _____	Reserve for Income Taxes	\$ _____
Readily Marketable Securities (Sched 3)	\$ _____	Other Taxes Payable	\$ _____
		Accrued Liabilities	\$ _____
Net Cash Surrender Value of Life Insurance (Sched 1)	\$ _____	Portion of Long Term Debt Due within One Year	\$ _____
<b>TOTAL CURRENT ASSETS</b>	<b>\$ _____</b>	<b>TOTAL CURRENT LIABILITIES</b>	<b>\$ _____</b>
Real Estate and Bldgs. (Sched 4)	\$ _____	Real Estate Encumbrances (Sched 5)	\$ _____
Less: Reserve for Depreciation	\$ _____ \$ _____		
Machinery - Equipment - Fixtures	\$ _____	Non-Current Portion of Equipment Contracts	
Less: Reserve for Depreciation	\$ _____ \$ _____	and Chattel Mortgages	\$ _____
Automobiles and Trucks	\$ _____	Other Non-Current Debt (describe):	\$ _____
Less: Reserve for Depreciation	\$ _____ \$ _____		
Investments in Controlled or Affiliated Co. (Sched 6)	\$ _____	<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>
Other Securities Owned (Sched 3)	\$ _____		
		Other Reserves (describe): _____	\$ _____
Due from Controlled or Affiliated Co. (Sched 6)	\$ _____		
Due from Officers and Stockholders (Sched 2)	\$ _____		
Other Non-Current Receivables	\$ _____	NET WORTH:	
		Preferred Stock	\$ _____
Deferred and Prepaid Items	\$ _____	Common Stock	\$ _____
		Capital Surplus	\$ _____
		Earned Surplus	\$ _____
		TOTAL NET WORTH	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>	<b>TOTAL</b>	<b>\$ _____</b>



# Premium Finance Application

## Corporate Financial Statement

Section 10

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**CONTINGENT LIABILITIES (not already included) If none, so state.**

On Acceptances, Contracts or Notes Discounted or Sold \$  
 As Guarantor or Endorser for \$  
 For Merchandise Consigned by Suppliers \$  
 Otherwise (describe) \$  
 Are any book accounts sold or assigned? Yes ☐ No ☐ Amount \$  
 To whom?   
 With Recourse? Yes ☐ No ☐

**COMMITMENTS:**

Approximate Purchase Commitments \$  
 Approximate Unfilled Orders on Hand \$  
 Describe any other unusual commitments

Has full provision been made on this statement for all doubtful receivables from customers and are the foregoing valuations on them conservative? Yes ☐ No ☐

Are any assets pledged or any debts secured except as indicated? Yes ☐ No ☐ If so, please itemize by debt and security.

Are there any judgments, suits, or any claims for tax deficiencies now pending or in prospect against the corporation? Explain

**OPERATING RECORD FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ (DATE) TO \_\_\_\_/\_\_\_\_/\_\_\_\_ (DATE):**

*If profit and loss statement does not fit your business, please attach a statement on your own form.*

Net Sales for Period \$  
 Cost of Goods Sold \$  
 Gross Profit \$  
 Selling Expense \$  
 Administrative Expense \$  
 General Expense \$  
 Total Operating Expense \$  
 Operating Profit \$  
 Other Income \$  
 Total Income \$  
 Other Deductions \$  
 Federal & State Income Tax \$  
 Total Deductions \$  
 Net Profit \$

**Reconciliation of Surplus:**

Surplus at beginning of period \$  
 Net Profit \$  
 \*Surplus Credits \$  
 Total \$  
 Dividends Paid \$  
 \*Surplus Debits \$  
 Surplus as of this statement date \$

\*If Surplus Adjustments involve important transactions please give details below:

Total Depreciation and Amortization included in above statement \$  
 Deductions for Bad Accounts included in above statement \$  
 Salaries to Executive Officers included in above statement \$

**MONTHLY SALES**

Please enter here your approximate sales by months during the past fiscal period:

Jan	Feb	Mar
Apr	May	Jun
Jul	Aug	Sept
Oct	Nov	Dec

**Complete the following. Include the supporting schedules.**

**OTHER BANKS USED:**

Name	City	Do you borrow there?	Maximum Debt Past Year
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$



# Premium Finance Application

## Corporate Financial Statement

Section 10

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**RENTAL:**Does company rent? Yes ☐ No ☐

Present monthly rental paid \$ \_\_\_\_\_

Date of expiration of lease \_\_\_\_/\_\_\_\_/\_\_\_\_

**CORPORATE INFORMATION:** Under laws of what state are you incorporated? \_\_\_\_\_Are all franchise taxes current? Yes ☐ No ☐Are you authorized to do business in Arizona? Yes ☐ No ☐Have all other legal requirements been met? Yes ☐ No ☐

No. of authorized common shares \_\_\_\_\_ Outstanding \_\_\_\_\_ Par value \$ \_\_\_\_\_

Year last div. paid \_\_\_\_\_ Annual rate if established \$ \_\_\_\_\_ No. of authorized pfd. shares \_\_\_\_\_

Outstanding \_\_\_\_\_ Par value \$ \_\_\_\_\_ Dividend preference \$ \_\_\_\_\_ Cumulative? \_\_\_\_\_

Div. Pd. to \_\_\_\_\_

Please list any trade styles used by the corporation \_\_\_\_\_

**SCHEDULE 1 - INSURANCE**

Fire Insurance:		Liability Insurance:	
On Merchandise	\$ _____	Public Liability on Owned Autos	\$ _____
On Mach'y, Equipt. and Fixtures	\$ _____	Property Damage on Owned Autos	\$ _____
On Buildings	\$ _____	P.L. and P.D. on Non-owned Autos	\$ _____
		Building & Elevator Pub. Liab.	\$ _____

Check all that are applicable to the coverage the corporation carries:

- ☐ Explosion Ins.    ☐ Steam Boiler    ☐ Auto Fire, Theft    ☐ Business Interruption    ☐ Products Liability  
☐ Riot and Strike    ☐ Auto Collision    ☐ Workmen's Comp    ☐ Robbery or Burglary    ☐ Machinery Breakdown

Is the extended coverage endorsement attached to fire policies? ☐ Yes ☐ NoDo any policies contain a coinsurance clause? ☐ Yes ☐ No

Basis \_\_\_\_\_%

Is any insurance on a monthly reporting basis? ☐ Yes ☐ NoAre employees having custody or control of property adequately bonded? ☐ Yes ☐ No

Insurance on Lives of Officers, Directors or Other Executives Naming the Corporation as Beneficiary:				
Name of Insured	Amt. of Policy	Cash Value	Amt. of Loans	Net Cash Value
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____

**SCHEDULE 2 - OFFICERS, DIRECTORS AND PRINCIPAL STOCKHOLDERS**

Name	Title	Shares Owned		Officers and Stockholders Accts	
		Preferred	Common	Due to Corp	Due from Corp.

**SCHEDULE 3 - SECURITIES OWNED** - Please attach separate schedule if needed.

Stock - Shares, Bond - Amts	Description	Value at Which Carried on Corp.'s Books	Current Mkt. on Listed		Estimated Value on Unlisted		
			@	Amount	@	Amount	Yearly. Div.



# Premium Finance Application

## Corporate Financial Statement

Section 10

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**SCHEDULE 4 - REAL ESTATE AND BUILDINGS** - Please give details of encumbrances on Schedule 5 opposite proper Parcel No.

Parcel	Location and Description Include Nature of Improvements	Monthly Income	Title in Name of	Valuation on Corp.'s Books		Amount of Encumbrances	Assessed Valuation
				Land	Improvements		
No. 1							
No. 2							
No. 3							
No. 4							
No. 5							

Please designate by Parcel No. those properties used in the business \_\_\_\_\_

Are taxes delinquent on any of your properties? \_\_\_\_ If so, please give amount and details \_\_\_\_\_

**SCHEDULE 5 - REAL ESTATE ENCUMBRANCES**

On Parcel Number Above	Amount owing per Sched. 4	Nature of Encumbrance And To Whom Payable	Int. Rate	Due Date	How Payable	Are Int. * and Prin. Current?
#1 above						
#2 above						
#3 above						
#4 above						
#5 above						

\*If any payments of principal or interest are delinquent, please give details \_\_\_\_\_

Has foreclosure been instituted? \_\_\_\_\_ Details \_\_\_\_\_

**SCHEDULE 6 - INVESTMENTS IN AND ACCOUNTS WITH AFFILIATED CONCERNS**

Name of Affiliate	Investments				Intercompany Accounts	
	Com. or Pfd.	No. of Sh.	% Owned	Value on Books	Free to Corp.	Owning by Corp.

**SCHEDULE 7 - PRINCIPAL SUPPLIERS** - Please list concerns from which you buy large quantities and approximate amount due them on statement date.

Name and City	Amount Owed	Name and City	Amount Owed
	\$		\$
	\$		\$
	\$		\$

GENERAL REMARKS - Please explain here or in a supplementary letter any important differences between carrying values and actual values, any unusual receivables or payables of importance, or any other factors which have a bearing on interpretation of your financial statement. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information provided by me is true,  
complete, and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date Signature Telephone & Fax

DO NOT SEND TO IRS

Vendor MUST Print  
or Type information

## STATE OF ARIZONA

## SUBSTITUTE W-9 &amp; VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print  
or Type information

☒ Taxpayer Identification Number (TIN) ☒ TIN Type ☐ Employer Identification Number (EIN) ☒ State of Arizona HRIS EIN  
State of Arizona Employees ONLY

☒ Legal Name  
Must match TIN above

☒ Entity Type Select one of the following

- ☐ Corporation (NOT providing health care, medical or legal services) (5A)  
☐ Corporation (providing health care, medical or legal services) (5M)  
☐ Partnership, LLP (5T)  
☐ PLLC, LLC (5C)  
☐ Individual/Sole Proprietor (6I)  
☐ The US or any of its political subdivisions or instrumentalities (2G)  
☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)  
☐ Tax-exempt organization under IRC §501 (5O)  
☐ An international organization or any of its agencies or instrumentalities (5U)  
☐ State of Arizona employee (1E)  
☐ Other, Tax reportable entity (5P)

☒ Main Address Where tax information and general correspondence is to be mailed

DBA\Branch\Location

Address

Address continued

City

State

Zip code

☒ Remit to Address ☐ Same as Main

DBA\Branch\Location

Address

Address continued

City

State

Zip code

☒ Certification

Under Penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
- I am a U.S. person (including U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

Signature

Title

Date

STATE OF ARIZONA AGENCY USE ONLY

VENDOR: DO NOT WRITE BELOW THIS LINE

AGY

Agency Authorization

Phone #

Date

STATE OF ARIZONA GAO USE ONLY

VENDOR &amp; STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching☐ Corporation Commission☐ HRIS☐ Other☐ Other

Vendor Number

MC

Processed by

Date Processed